



March 8, 2004

Dear Colleague:

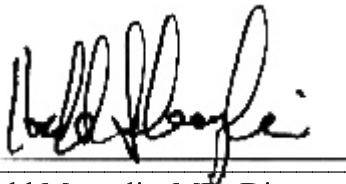
Men who have sex with men (MSM) are at increased risk for multiple sexually transmitted diseases (STDs) including human immunodeficiency virus (HIV) infection/Acquired Immunodeficiency Syndrome (AIDS), syphilis, gonorrhea, chlamydia, hepatitis B and hepatitis A. Numerous reports document high rates of STDs among MSM that appear to be associated with a resurgence in unsafe sexual practices. For example, in a survey of young MSM (aged 15 – 22 years) conducted in seven metropolitan areas between 1994 and 1998, 7% had already acquired HIV infection and 11% had acquired hepatitis B virus (HBV) infection. Among young black MSM, 16% were already infected with HIV and 93% were unaware of their infection; those who were unaware of their infection were more likely to have had unprotected anal sex. In addition, syphilis rates are increasing nationwide among MSM. CDC has estimated that over 40% of all cases of primary and secondary syphilis in 2002 were among MSM. In San Francisco, where the number of cases of early syphilis increased 10-fold between 1998 and 2002, 88% of all cases in 2002 were among MSM, two-thirds of who were co-infected with HIV.

The continued high rates of multiple STDs among MSM underscore the importance and need for the delivery of comprehensive STD prevention services in both public and private sectors. However, clinical and preventive services for MSM often do not provide integrated services to prevent all of the STDs affecting this population. In addition, despite recommendations to vaccinate MSM to prevent hepatitis A and hepatitis B infections, vaccination coverage in this population is low.

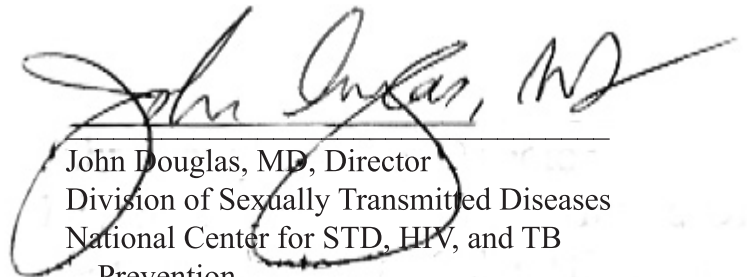
CDC's **2002 STD Treatment Guidelines** provide specific recommendations for STD prevention services that should be provided for all sexually active MSM. These services include: 1) testing for HIV, syphilis, gonorrhea and chlamydia, at least annually; and 2) vaccination against hepatitis A and hepatitis B. Ensuring that MSM receive these recommended services will require a multidisciplinary response. Clinicians are encouraged to routinely identify sexually-active MSM and to consistently provide all of the recommended STD prevention services. HIV and STD prevention program managers offering behavioral and/or clinical interventions to MSM should look for ways to structure service delivery to address all STDs. Wherever they access clinical or preventive services, MSM should receive or be referred for all of the recommended STD prevention services. Public health officials, medical societies, HIV community planning groups and other community stakeholders should promote full implementation of the recommended services. In addition, community groups that have been successful in disseminating HIV prevention messages can help by raising awareness and informing MSM of the need to obtain these essential services.

We encourage all of our partners at the federal, state and local level to promote and implement comprehensive interventions we know to be effective in preventing STDs among MSM. Additional information and educational materials on STD prevention among MSM are available at www.cdc.gov/hepatitis, www.cdc.gov/std and www.cdc.gov/hiv; information on adult vaccination is available at www.cdc.gov/nip.

Sincerely,



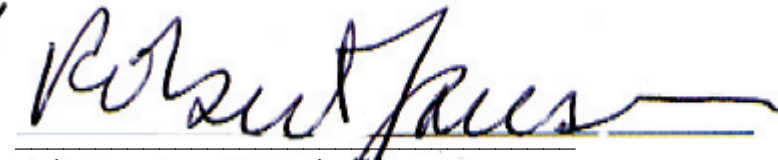
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